

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	DR	32	6/8
FORMALITY REVIEW	H2	358	7/1/01
RESPONSE FORMALITY REVIEW	ZM	927	02/22/02

09/873,767

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
- (Through numeral) ... Canceled	A	Appeal
÷ ..... Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	1/1/02
2	✓	✓	1/1/02
3	✓	✓	1/1/02
4	✓	✓	1/1/02
5	✓	✓	1/1/02
6	✓	✓	1/1/02
7	✓	✓	1/1/02
8	✓	✓	1/1/02
9	✓	✓	1/1/02
10	✓	✓	1/1/02
11	✓	✓	1/1/02
12	✓	✓	1/1/02
13	✓	✓	1/1/02
14	✓	✓	1/1/02
15	✓	✓	1/1/02
16	✓	✓	1/1/02
17	✓	✓	1/1/02
18	✓	✓	1/1/02
19	✓	✓	1/1/02
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23	✓	✓	1/1/02
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25	✓	✓	1/1/02
26	✓	✓	1/1/02
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46	✓	✓	1/1/02
47	✓	✓	1/1/02
48	✓	✓	1/1/02
49	✓	✓	1/1/02
50	✓	✓	1/1/02

Claim	Final	Original	Date
51	✓	✓	1/1/02
52	✓	✓	1/1/02
53	✓	✓	1/1/02
54	✓	✓	1/1/02
55	✓	✓	1/1/02
56	✓	✓	1/1/02
57	✓	✓	1/1/02
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60	✓	✓	1/1/02
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BEST AVAILABLE COPY

more than 150 claims or 10 actions  
staple additional sheet here

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Re 6/17  
8/22/02  
2/17/02